This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/409/77

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	2	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Busic Filing Fee	201/101					760.00	=	760,00
Total Claims >20	203/103	30 .20 .	10	x		18.00	3	180.00
Independent Claims >3	202/102	-3 =		x			=	
Mult. Dep Claim Present	204/104						2	
Surcharge	205/105	•				136,50	=	135,00
English Translation	139							
TOTAL FEE CALCUL	ATION							1070,00
Fees due upon filing the application:								
Total Filing Fees Due = \$ 1070.00								
Less Filing Fees Submitted - \$								
BALANCE DUE	= \$	1070.00						
Office of Initial Patent Examination								

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/407/??

CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY SMALL ENTITY TYPE [OR (Column 1) (Column 2) **NUMBER EXTRA** FEE NUMBER FILED FEE RATE **FOR** RATE 760.00 380.00 Service. OR **BASIC FEE** minus 20= X\$18= X\$ 9= **TOTAL CLAIMS** 30 OR 8000 \circ INDEPENDENT CLAIMS minus 3 =X78= X39= OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 740,00 TOTAL OR **OTHER THAN CLAIMS AS AMENDED - PART II** OR SMALL ENTITY **SMALL ENTITY** (Column 3) (Column 1) (Column 2) HIGHEST ADDI-CLAIMS ADD NUMBER RRESENT REMAINING TIONAL RATE TIONAÌ RATE **PREVIOUSLY** EXTRA **AMENDMENT** AFTER FEE FEE PAID FOR **AMENDMENT** X\$18= J X\$ 9= OR Minus Total 0 0 Minus Independent X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) y (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** AMENDMENT **AFTER FEE** FEE PAID FOR AMENDMENT X\$18= 0 X\$ 9= Minus Total 0 OR Minus Independent X78= X39 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-NUMBER **PRESENT** REMAINING RATE TIONAL TIONAL RATE **PREVIOUSLY EXTRA** AMENDMENT AFTER FEE FEE **AMENDMENT** PAID FOR X\$18= Minus Total X\$ 9= OR Minus Independent X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.